

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Kidney Centers
Managed Care Plans

Memorandum No: 04-26 MAA
Issued: May 14, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Subject: Kidney Center Services – Additional Billable HCPCS J-codes

Retroactive to dates of service on and after January 1, 2004, the Medical Assistance Administration (MAA) added three Healthcare Common Procedure Coding System (HCPCS) J-codes to the list of codes billable by kidney centers.

Overview

On a quarterly basis, MAA updates the maximum allowable fees for drugs administered in a kidney center. These quarterly drug price updates are posted online only.

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

New Code Additions

Retroactive to dates of service on and after January 1, 2004, the following HCPCS J-codes have been added to those billable by kidney centers:

Revenue Code	Procedure Code	Description	Admin. Dosage	Maximum Allowable Fee
636	J1270	Injection, doxercalciferol	1 mcg	\$ 4.98
	J1335	Injection, ertapenem sodium	500 mg	21.49
	J1956	Injection, levofloxacin	250 mg	18.84

Reminders

- **Retroactive to dates of service on and after March 1, 2004**, when billing MAA for Epoetin Alpha (EPO) using revenue codes 634 or 635, **each billing unit is equal to 100 units of EPO administered** (1 billing unit = 100 units of EPO). Payment is based on the maximum allowable fee for each billing unit of revenue codes 634 or 635.
- **Retroactive to dates of service on and after October 16, 2003**, MAA has suspended the requirement for kidney centers to list the 11-digit National Drug Code (NDC) on the claim form, except as specified in the following bullet. Providers must continue to report the drug's CPT or HCPCS code with revenue code 636.
- Providers who bill MAA using HCPCS code J3490 (unclassified drugs) must continue to report the NDC on the claim. Use form locator 84 (Remarks), and include the dosage of the drug administered.

Attached are replacement pages F.3 – F.6 for MAA's Kidney Center Services Billing Instructions, dated August 2003. To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Revenue Codes

Revenue Code	Description	Maximum Allowable Fee
<u>Pharmacy</u>		
260	Administration of drugs by IV/intramuscular (non-renal related and/or not covered by Medicare).	By Report
<u>Medical/Surgical Supplies and Devices</u> (Requires specific identification using a HCPCS code)		
270*	Medical/surgical supplies and devices <div> Note: In order to receive payment for revenue code 270, the procedure code of the specific supply given must be indicated in field 44 of the UB-92 claim form. Reimbursement is limited to <u>those supplies listed below</u>. </div>	
Procedure Code	Type of Supply	Maximum Allowable Fee
A4657	Syringe, with or without needle	\$.50/per supply package
A4750	Blood tubing, arterial or venous, for hemodialysis, each	12.70
A4913	Miscellaneous dialysis supplies (use for IV tubing, pump)	24.35
Revenue Code	Description	Maximum Allowable Fee
<u>Laboratory</u>		
303	Laboratory, renal patient (home)	By Report
304	Laboratory, non-routine dialysis	By Report
<u>Epoetin Alpha (EPO)</u>		
	<div> Note: When billing with revenue codes 634 and 635, each billing unit reported on the claim form represents 100 units of EPO given. </div>	
634*	Erythropoietin (EPO) less than 10,000 units	1.15
635*	Erythropoietin (EPO) 10,000 or more units	1.15

* For clients who have dual coverage (Medicare/Medicaid) the asterisk (*) drugs, supplies, and services must first be billed to Medicare.

Revenue Code	Description	Maximum Allowable Fee	
<u>Other Drugs Requiring Specific Identification</u>			
636*	Administration of drugs (bill number of units based on the description of the drug code) <div>Note: In order to receive payment for revenue code 636, the procedure code of the specific drug given must be indicated in field 44 of the UB-92 claim form. Reimbursement is limited to <u>those drugs listed below</u>.</div>		
Procedure Code	Name of Drug	Admin. Dosage	Maximum Allowable Fee
90655	Flu vaccine, preservative free, 6-35 mo, im		\$12.90
90656	Flu vaccine, preservative free, 3 yrs & above, im		9.00
90657	Flu vaccine, 6-35 mo, im		2.59
90658	Flu vaccine, 3 yrs & above, im		4.04
90660	Flu vaccine, live, intranasal		49.45
90732	Pneumococcal vaccine		16.86
90747	Immunization, active: Hepatitis B vaccine	40 mcg	100.41
J0280	Injection, Aminophyllin	250 mg	0.95
J0285	Amphotericin	50 mg	9.41
J0290	Ampicillin Sodium	500mg	1.49
J0295	Ampicillin Sodium/Sulbactam sodium	1.5 g	6.72
J0360	Injection, Hydralazine HCl	20 mg	14.52
J0530	Penicillin G Benzathine and Procaine	600,000u	10.79
J0610	Calcium Gluconate	10ml	1.30
J0630	Calcitonin Salmon	400u	34.77
J0636	Calcitriol	0.1mcg	1.25
J0640	Leucovorin Calcium	50 mg	3.22
J0690	Cefazolin Sodium	500mg	2.04
J0694	Cefoxitin Sodium	1gm	9.68
J0696	Ceftriaxone Sodium	250mg	13.51
J0697	Cefuroxime Sodium	750mg	5.81
J0702	Betamethasone Acetate and Betamethasone Sodium Phosphate	3 mg	4.51
J0704	Betamethasone Sodium Phosphate	4 mg	0.97
J0710	Cephapirin Sodium	1gm	1.41
J0713	Ceftazidime	500 mg	\$6.11
J0745	Codeine Phosphate	30mg	0.79

* For clients who have dual coverage (Medicare/Medicaid) the asterisk (*) drugs, supplies, and services must first be billed to Medicare.

(CPT codes and descriptions are copyright 2003 American Medical Association.)

Kidney Center Services

Procedure Code	Name of Drug	Admin. Dosage	Maximum Allowable Fee
J0780	Prochlorperazine	10 mg	8.01
J0895	Deferoxamine Mesylate	500 mg	14.15
J0970	Estradiol Valerate	40 mg	1.47
J1060	Testosterone Cypionate and Estradiol Cypionate	1 ml	4.21
J1070	Testosterone Cypionate	100 mg	4.48
J1080	Testosterone Cypionate, 1 cc	200 mg	8.54
J1094	Dexamethasone Acetate	1 mg	0.64
J1160	Digoxin	0.5 mg	1.62
J1165	Phenytoin Sodium	50 mg	0.78
J1170	Hydromorphone	4 mg	1.40
J1200	Diphenhydramine HCl	50 mg	1.46
J1240	Dimenhydrinate	50 mg	0.34
J1270	Injection, doxercalciferol	1 mcg	4.98
J1335	Injection, ertapenem sodium	500 mg	21.49
J1580	Gentamicin Sulfate	80 mg	1.87
J1630	Haloperidol	5 mg	6.18
J1631	Haloperidol Decanoate	50 mg	8.26
J1645	Dalteparin Sodium	2500 IU	14.20
J1720	Hydrocortisone Sodium Succinate	100 mg	1.87
J1750	Iron Dextran	50 mg	16.21
J1756	Injection of Iron Sucrose	1 mg	0.60
J1790	Droperidol	5 mg	2.53
J1800	Propranolol HCl	1 mg	10.53
J1840	Kanamycin Sulfate	500 mg	2.99
J1885	Ketorolac Tromethamine	15 mg	3.22
J1890	Cephalothin Sodium	1 gm	9.29
J1940	Furosemide	20 mg	0.84
J1955	Levocarnitine	1 gm	30.96
J1956	Injection, levofloxacin	250 mg	18.84
J1990	Chlordiazepoxide HCl	100 mg	22.62
J2001	Lidocaine HCl	10 mg	0.89
J2060	Lorazepam	2 mg	2.84
J2150	Mannitol 25%	50 ml	2.96
J2175	Meperidine HCl	100 mg	0.48
J2270	Morphine Sulfate	10 mg	0.70
J2275	Morphine Sulfate (sterile solution)	10 mg	2.15
J2320	Nandrolone Decanoate	50 mg	3.48
J2321	Nandrolone Decanoate	100 mg	6.94
J2322	Nandrolone Decanoate	200 mg	14.25
J2501	Paricalcitol	1 mcg	4.83

Kidney Center Services

Procedure Code	Name of Drug	Admin. Dosage	Maximum Allowable Fee
J2510	Penicillin G Procaine Aqueous	600,000u	\$8.69
J2540	Penicillin G Potassium	600,000u	0.26
J2550	Promethazine HCl	50mg	2.58
J2560	Phenobarbital Sodium	120mg	1.47
J2690	Procainamide HCl	1gm	1.29
J2700	Oxacillin Sodium	250mg	0.72
J2720	Protamine Sulfate	10mg	0.69
J2765	Metoclopramide HCl	10mg	1.72
J2800	Methocarbamol	10 ml	3.44
J2916	Sodium Ferric Gluconate Complex in Sucrose Injection	12.5mg	7.40
J2920	Methylprednisolone Sodium Succinate	40 mg	1.91
J2930	Methylprednisolone Sodium Succinate	125 mg	2.93
J2995	Streptokinase	250,000 IU	80.62
J2997	Alteplase Recombinant	1 mg	33.22
J3000	Streptomycin	1gm	5.75
J3010	Fentanyl Citrate	0.1mg	0.84
J3070	Pentazocine HCl	30mg	4.73
J3120	Testosterone Enanthate	100mg	8.13
J3130	Testosterone Enanthate	200mg	16.26
J3230	Chlorpromazine HCl	50mg	3.98
J3250	Trimethobenzamide HCl	200mg	1.40
J3260	Tobramycin Sulfate	80mg	4.04
J3280	Thiethylperazine Maleate	10mg	5.11
J3301	Triamcinolone Acetonide	10 mg	1.45
J3360	Diazepam	5mg	0.78
J3364	Urokinase	5,000 IU vial	9.26
J3365	IV Urokinase	250,000 IU vial	463.04
J3370	Vancomycin HCl	500 mg	6.36
J3410	Hydroxyzine HCl	25 mg	1.10
J3420	Vitamin B-12 Cyanocobalamin	1,000 mcg	0.15
J3430	Phytonadione (Vitamin K)	1mg	2.00
J3490	Unclassified Drugs		Acquisition Cost
	<div style="border: 1px solid black; padding: 5px;"> Note: The National Drug Code (NDC) number, and dosage given to the client must be included in the remarks section of the claim form when billing unlisted drug HCPCS code J3490. </div>		
Q4054	Darbepoetin alfa	1mcg	4.29